

## BIBLIOGRAPHICAL NOTICES.

XVIII. *Die Krankheiten des Gehörorgans. Ein Handbuch zum Gebrauche seiner Vorlesungen.* Von KARL JOSEPH BECK, der Arzneiwissenschaft Doctor, Ordentlichen Professor an der hohen Schule in Freiburg; und mehrerer Gelehrten Gesellschaften Mitgleide. Heidelberg und Leipzig, 1827.

*Manual of Diseases of the Ear, &c.* By KARL JOS. BECK, Doctor of Surgery, &c. 1827.

The diseases of the ear, though always constituting an important item in the catalogue of human maladies, have only within a short time attracted any considerable share of attention. True it is, that we have some remarks upon these diseases, even as far back as the earliest periods of the science, yet they contain but little that is important or interesting, and it is only within the last century, and especially within the last twenty years, that much valuable matter has been collected relative to these subjects. In the task of investigating the diseases of the ear, several modern authors have distinguished themselves, and rendered an important service to the science. Amongst others, we must mention, as deserving particular commendation, Lecheven, Itard, and Saissy, in France; Saunders and Curtis, in England; and in Germany, Albrecht, Van der Hoeven, Ehrharter, &c. to which may now be added Professor Beck, the author of the work under consideration. This does not pretend to be an elaborate treatise upon the subjects which it embraces, but merely a Handbook, or manual, intended, principally, for the use of students, while attending lectures.

The whole work is divided into three books, the first of which comprises the technical, the second the pathological, and the third the nosological parts of the subject.

The author, under the first of these divisions, makes a few brief remarks upon the general structure and arrangement of the organ, which, however, are too superficial to be of much utility. He then goes on to consider the usual remedies employed in the treatment of diseases of the ear, which he divides, according as they act upon the systems of animal or organic life, and according as they exalt or diminish the powers of the organs of which these systems are composed. These agents are employed in different forms, some of them being applied to the part in form of salves, or ointments, while others are used in a fluid state, as in injections, &c.

"Injections," observes the author, "may be thrown into the ear through three different channels; from the fauces through the Eustachian tube, through a puncture made in the membrana tympani, or a perforation made in the mastoid process of the temporal bone."

Each of these may be employed under certain circumstances, but the last, although practised with success by Jasser, a Swedish surgeon, and recommended by Hagstroem, Arneman, &c. should, we think, be resorted to with great

caution. Berger, physician to the court of Denmark, fell a victim to its employment, in consequence of the inflammation extending to the brain and its meninges. The two other plans, however, may be resorted to with perfect safety and great advantage. Many cases of deafness depend on an obstruction of the Eustachian tube which only has to be removed, to restore the faculty of hearing. M. Deleau of Paris, even succeeded, by this simple procedure, in imparting the power of hearing and speech to a child who had been deaf and dumb from birth.\*

Our author details the plans adopted by Itard and Saissy, in performing this operation, but subjoins, that he had never employed the forehead piece or the forceps of the former. For the silver tube he substitutes a small gum elastic catheter, provided with a small metallic stilet, so as to direct the point of the instrument into the orifice of the Eustachian tube.

Amongst the means employed in the treatment of diseases of the ear, must be placed blisters, setons and issues, cautery, both actual and potential, electricity, galvanism, &c. all of which are valuable under particular circumstances.

The next chapter is devoted to the consideration of the operations which are usually employed in diseases of the ear, as the perforation of the membrana tympani, either with a view of transmitting air into the cavity of the same name, where the Eustachian tube is obstructed, or to enable us to wash out matter or blood from the internal ear, or apply medicated substances to that cavity; perforation of the mastoid process, boring the ears to prepare them for the insertion of ornaments, or for some other purpose, or the formation of an ear, when that organ is deficient, either from defect of development, or in consequence of accident or disease. This has been called the otoplasty operation, for the same reason that one performed on the nose, for the same purpose, is called rhinoplasty.

We have next an exposition of the principles which should be observed in the selection and adaptation of artificial means of remedying the defects of hearing, as artificial ears, ear shells, ear trumpets, &c. These become necessary in those cases in which the receptivity of the auditory nerve is so much diminished as to render it insensible to the impression of ordinary sounds. They should, therefore, be constructed in such a manner, as to concentrate the force of the sounds in the greatest possible degree, without detracting from their clearness, or altering their proper characters.

The second book, we have already stated, embraces the consideration of the pathological part of the work. It is divided into pathogenic and pathological anatomy, the one having for its object the general consideration of the causes and characters of the diseases of the ear; the other the description of the particular lesions to which the organ is exposed. In describing the pathological anatomy of the ear, the author considers the lesions according as they affect,

"1st, the external ear; 2d, the external meatus; 3d, the membrana tympani; 4th, the cavity of the tympanum, the mastoid cells, the bones of the ear, and the muscles by which they are moved; 5th, the Eustachian tube; 6th, the labyrinth; and 7th, the auditory nerve."

It will be readily seen, that by adopting this plan the lesions of the ear can

\* Magendie, *Journal de Physiologie*.

be described in a very natural order, as they are considered in direct relation with the different portions of the organ with which they are concerned.

The third, and last book, is devoted to the nosological considerations which appertain to diseases of the ear. These diseases are here divided by the author into two classes—vital or dynamic, and mechanical. Under the first he makes the following divisions:—

“1. Diseases of the plastic apparatus. 2. Diseases of the irritable apparatus: and 3. Diseases of the apparatus of sensation.”

The diseases of the plastic apparatus are arranged under the several heads of inflammation, defective or augmented secretion, augmented nutrition, defective and perverted nutrition, and new developments or products.

The second division embraces the subjects of spasms and paralysis; and the third, those of pains, and perverted or altered sensation.

The second class of diseases of the ear, or those which depend upon mechanical causes, is divided into abnormal adhesions, abnormal separations, and foreign bodies.

We regret that we cannot follow the author through the interesting details which fall under each of these subdivisions of his subject, especially as we have been much pleased with the perusal of his book, and feel assured, that our readers could not but be gratified with a fuller exposition of the valuable materials of which it is composed. We consider the work well adapted to the wants of the junior part of the profession, and can confidently recommend it even to the more experienced, as abounding with good pathological principles, and correct practical precepts.

E. G.

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XIX. *Traité des Maladies des Voies Urinaires.* Par CHOPART, Professeur aux Ecoles de Chirurgie, Chirurgien en Chef de l'Hospice du Collège de Chirurgie de Paris, etc. Nouvelle édition, revue, corrigée, augmentée de notes et d'un Mémoire sur les Pierres de la vessie et sur la Lithotomie; Par M. E. H. Felix-Pascal, Docteur en Médecine de la Faculté de Paris, etc. Vols. 2. Oct. pp. 948. Paris, 1830.

These volumes present a very elaborate account of the urinary organs, considered both in their healthy and morbid conditions. They are consequently a valuable source of reference, but in these times, an author who writes so voluminously, can scarcely flatter himself that his work will meet with a general or regular perusal. Under the head of vices of the urinary secretion, M. Chopart treats of the increase, diminution, suppression and changes in its natural qualities. With respect to diabetes, which of course is ranged under this head, he leaves us to infer, that its treatment was not as yet conducted upon any well-founded principles. The indications of cure he says, consist in diminishing the unnatural dilatation and relaxation of the urinary vessels of the kidneys, diverting the course of the chylous and lymphatic matter directed there so abundantly, restoring the transpiration and others excretions, keeping the bowels open, procuring the perfect digestion of the aliments, and removing the foreign bodies that may be found in the urinary organs, which complicate and maintain the diabetic condition. The first indication is to be fulfilled by prescribing, as an ordinary drink, barley or rice water, lime water mixed with

a third part of milk; at other times, an infusion of sage or mint, or water slightly acidulated with sulphuric acid. The aliments should consist of mucilaginous vegetables, rice, sago, vermicelli; and milk oftener than broths, eggs, or fish. The patient should take moderate exercise, expose himself to the sun, avoid cold, wear flannel next the skin, be rubbed every evening, use the bath as often as his strength will allow, and take every day, six or eight grains of rhubarb to keep the bowels open. Should there be no diminution of the disease, a glass of whey with eight or ten grains of alum may be given, or the wine of quinquina, or the bark itself in powder, in the dose of a drachm, in a glass of claret. A large plaster of theriac, betony, or other topical roborant may be applied over the lumbar region. Following these instructions, we have without any comment, an editorial note, setting forth upon high authority, a course of treatment, which must be founded upon pathological views directly opposite to those held by M. Chopart. The editor writes as follows. —Convinced that diabetes consists essentially in a defective animalization of the alimentary substances submitted to the digestive process, MM. Dupuytren and Thenard have thought with MM. Rollo, Nicholas, and Guendeville, that the most efficacious remedy against this disease is a regimen exclusively animal. These authors in fact, without any other treatment than this regimen, have succeeded in curing their patients. MM. Nicholas and Guendeville, have conjoined the use of some medicines, and their practice has been crowned with equal success. The diet alluded to, consists of good soup of beef or mutton, with meats of the same kind, as also bacon, puddings of blood or fat, meats kept until slightly tainted or rancid, with pure and generous wine at repasts, which should always be taken at regular hours. Wine diluted with water, may be drank between meals to assuage thirst. The only vegetable aliment permitted, is bread of unmixed wheat flour.

The medical treatment which MM. Nicholas and Guendeville have conjoined to this regimen, consists in the employment of two grains of the watery extract of opium, in combination with powdered red bark, administered three times a day, namely, morning, noon, and night; two drachms of the phosphate of soda in a pint of whey, for the purpose of removing constipation, and as an ordinary drink, pure water with six or eight drops of liquid ammonia in each glass, or the phosphorous acid in the proportion of thirty or forty drops per bottle, and finally frictions externally with lard or other animal fat.

Thus the apparently simple course of treatment laid down by our author, is not a little perplexed by the entirely opposite plan, supported by no less authority than Dupuytren and others of the greatest eminence. Which is the most rational we shall not at present take upon ourselves to decide.

The author next treats of various affections of the urinary passages, accordingly as they are seated in the kidneys, the ureters, the bladder, and urethra. Among those of the kidneys he embraces vices of conformation, disposition and size, anomalous tumours, wounds, inflammation, cancer, worms, hydatids, &c. But we cannot perceive by what propriety or consistency he treats under this head, of lumbago, and of concretions found in different parts of the body, as for instance, ossifications of the dura mater, concretions in the stomach, intestines, liver, &c.

G. E.

XX. *Handbuch der Anatomie des Menschlichen Körpers mit Abbildungen.* Von MARTIN MÜNZ, Doct. der Medizin und Chirurgie, bey der ausübendem Arzte, öffentlichem ordentlichen Professor der Anatomie und Physiologie an der Ludwigs-Maximilians-Universität zu Landshut, &c. Erster Theil, Muskel-lehre, Landshut, 1821. Zweyter Theil, Gefäss-lehre, 1821. Dritter Theil, Eingeweid-lehre, 1827.

The work before us consists of three volumes, folio, of plates, printed upon large royal paper, and three volumes, octavo, of descriptive letter-press. The first volume, embracing the description of the muscles, (*Muskel-lehre*,) was published as early as 1815, and was so favourably received, that the author was induced to republish it, with some emendations, in 1821. The plates, nine in number, representing the bones and muscles, are all copied from Albinus; a circumstance which renders it unnecessary that we should say any thing relative to their accuracy.

The three first exhibit an anterior, posterior, and lateral view of the skeleton, and are merely introduced as a preliminary to the study of the muscles, there being no delineation of the individual bones. The other plates, amounting to six, represent the muscles as they are delineated in the corresponding tables of Albinus.

The letter-press of the first volume occupies three hundred and thirty pages, octavo, comprising a description of all the individual muscles, together with directions for their dissection and preparation. The general style and execution of the descriptions, afford evidence of the abilities and good taste of the author, and are accurate and explicit, without exhibiting that character of diffuseness which it is so important to avoid. The directions also for preparing the muscles, which are placed at the end of the volume, are judicious and well calculated to facilitate the labours of the young dissector.

The second volume, (*Gefäss-lehre*, oder Lehre von dem Herzen, den Arterien, venen und Saugadern,) including a description of the three orders of vessels, the arteries, veins, and lymphatics, is much more complete, as a treatise, than that on the muscles. The plates, twenty-three in number, represent eighty-three lithographic figures of the natural size, executed on stone by the author, partly from nature, and partly from the best authors. Those which have been drawn from nature are the 1, 6, 7, 8, 9, 10, 11, 13, 16, 17, and 22. They are all well executed, and are devoted as well to the delineation of the natural situation and distribution of the vessels, as to their most important varieties. Figures 5, 6, and 7, of Plate 8, exhibit an excellent representation of a varicose aneurism, implicating the radial artery, which was developed in consequence of a wound inflicted upon that vessel, in the operation of venesection. This figure has been copied by Bierkowskie, in his splendid Anatomisch-Chirurgischen Abbildungen, Berlin, 1827. Plates 2, 3, 4, 12, and part of 15, are from the very able production of Scarpa, Sull' Aneurism. Plate 2 represents the arteries of the thorax, arm and lateral part of the neck; Plate 3 the arteries on the anterior part of the thorax, and those of the arm and hand, together with the principal muscles of the same parts; Plate 4, the arteries of the back of the neck, arm, and hand; Plate 12, the arteries of the inferior extremities; and plate 15; the arteries situated on the

posterior part of the same. Plate 5 represents the arteries of the neck, face, and head, and is copied from the *Icones. Anat. of Haller*. The same parts are delineated by the author from nature in plates 6 and 8. Plate 14 is copied from the splendid work of Scarpa, Sull' Ernie, Padua, 1817, and exhibits two views, the one of an internal, the other of an external inguinal hernia. Plates 18, 19, and 21, representing the principal veins, are from the inimitable work of Antonius and Caldani, (Leopold. Marc. Antonius et Floriani Caldani *Icones Anatomicæ*, 1802-1814.) Plate 20 is from delineations of the veins of the head and neck, by Walther, published in *Observationibus Anatomicis*, Berol, 1775, cap. 4, cum Tab. Cæn. 2. Plate 23 is from the celebrated work of Mascagni, *De Vasorum Lymphaticorum Corp. Humani Historia*, Tab. XVI. It delineates the lymphatics of the abdomen, pelvis, and groin.

The figures contained in these plates are black, and though coarsely executed, they exhibit the same character of accuracy and fidelity to nature, which has obtained for the several works from which they have been copied, such a wide-extended and lasting reputation. Those which are drawn from nature, furnish strong evidence, as well of the author's anatomical knowledge, as of his correct taste. The value of the several figures is enhanced by the care which has been taken in representing the muscles of their natural size, and, as far as practicable, in their exact relations with the arteries, so as to exhibit to the surgeon an accurate view of the parts with which he is most interested, in the various diseases and operations which may claim his attention.

The descriptive letter-press, as in the treatise on the muscles, is contained in one volume, octavo, and occupies six hundred and forty-seven pages. The author commences with some general observations on the character of the different kinds of vessels, after which he treats successively of the particular properties of the arteries, veins, and lymphatics. Some very sensible observations are also made upon the primitive development of the vascular system in man, and the higher order of animals, in which its characters, as developed in the ovæ of these different animals, are attentively examined, and the similarity between the development of the human ovum, and that of oviparous animals, is particularly demonstrated. In the discussion of the several topics which fall under this head, the author has evinced considerable ingenuity, and has avowed his adherence to the tenets of Wolff and Meckel, relative to the connexion which exists between the *vesicula umbilicalis* and the *small intestines*, to the correctness of which our own researches, as well as some pathological specimens in our possession, induce us also to subscribe.

The special description of the arteries is done with much ability, and with strict attention to accuracy. The consideration of the distribution of each portion of the vascular system, is followed by a short description of the principal varieties which are observed in the distribution of the several vessels, and an exposition of their importance to the pathologist and the surgeon. Under the same head, the author has moreover entered into some important details relative to wounds of the several vessels, and has laid down some useful directions to be observed in including them in a ligature. We shall translate a paragraph descriptive of the operation of tying the subclavian artery, on the tracheal side of the scalenus muscle.

"In front of the vessel in this part of the neck, on the left side, are the phrenic and recurrent nerves, and on the right side, the recurrent is reflected upon its posterior part. Beneath it is placed the inferior cervical ganglion of the great sympathetic, and the cardiac nerve which arises from it; and on the right side, the continuation of the sympathetic forms a plexus which surrounds the vessel. On the left side, the thoracic duct passes over it for some distance, to discharge its contents into the left subclavian vein. On both sides it is covered throughout its whole extent by the subclavian vein. On the inner side of the scalenus muscle, and not far removed from it, the subclavian artery sends off the inferior thyroid artery, and in common with it, or by a separate branch from its lower part, the superior intercostal artery. Between this and the heart, it moreover gives off the vertebral artery, and as the ligature must of necessity be applied near this point, the constant stream of blood which is kept up in the collateral vessels, will prevent the formation of a coagulum, and the patient will be, consequently, exposed to the dangers of secondary hæmorrhage. All these circumstances tend greatly to increase the difficulties of tying the subclavian artery on the inner side of the scalenus muscle. In those cases, however, in which it becomes necessary to tie the artery between this muscle and the heart, it may be done in three ways.

"1. The artery is to be sought on the outer side of the scalenus, from whence it is to be traced towards its origin to the inner side of the muscle.

"2. It is to be exposed immediately on the inner side of the scalenus muscle.

"3. It may be tied at the lower end of the common carotid.

"The first plan should be preferred in those cases, where, in performing the operation on the outer side of the scalenus, the artery is found, on exposure, to be so much diseased, as to render it necessary to apply the ligature nearer the heart. Under these circumstances, the operation is to be performed in the following manner:—a grooved sound is to be passed behind the scalenus muscle, upon which a bistoury is to be passed, so as to divide that muscle in a transverse direction. The artery is then to be traced inwards, and the adjacent nerves being separated from it, a ligature is to be passed under it, at some proper point, by means of an aneurismal needle. This part of the operation is, however, attended with considerable difficulty, but may be facilitated, by requiring the assistant, while the surgeon draws the knot, to press it down upon the artery by means of the convex end of the sound.

"In performing the operation according to the second method, an incision three inches long is to be made, immediately above the sternal end of the clavicle, extending through the skin and platysma myoides. By this the clavicular portion of the sterno-cleido-mastoideus muscle will be exposed, and must be raised upon a grooved directory, and cut across, after which the surgeon, either with his finger, or the handle of the scalpel, should separate the loose cellular tissue situated at the bottom of the wound, until the artery is exposed on the inner side of the scalenus muscle. Taking care not to injure the phrenic nerve, and the branches which are given off by the artery itself, especially the vertebral and inferior thyroid arteries, he next proceeds to pass a ligature under the vessel as far as possible from the origin of the branches in question; and when these are sent off near the scalenus muscle, the ligature should be applied between the point of their origin and the heart. Great caution is requisite during this act of the operation, not to wound the upper conical portion of the pleura, which is forced upwards during a full inspiration.

"The first act of the third operation corresponds with the incision, which is made when we wish to apply a ligature to the lower part of the primitive carotid artery. This is to be continued downwards to the point at which this vessel separates from the subclavian; the latter vessel is to be then isolated, and tied near its origin, or further outwards, towards the scalenus muscle."—Vol. II. p. 543.

The great advantages to be derived from a just application of anatomical

knowledge to the elucidation of surgical diseases and operations have long been sensibly felt, and we think that the effort here made by Professor Münz, to give to the subject its proper degree of consideration, cannot fail to be highly appreciated. As to ourselves, we will merely observe, that while we think we have met with some faults in the treatise before us on the vascular system, we are free to declare it as our opinion, that every part of it will be found to afford important advantages to the anatomical and surgical student. The pathological and surgical observations, appended to the descriptive portion of the work, possess a high value.

The third volume, (*Eingeweid-lehre*,) contains a description of the organs of digestion and urine, the male and female organs of generation, and the organs of voice and respiration. These different subjects are represented in ten large folio plates, containing eighty different figures, in which the objects are represented, for the most part, of their natural dimensions. The four first plates exhibit as many sections of the trunk of the body, made so as to expose the different viscera in their anterior, posterior, and lateral aspects, and in their natural situation and relations. Plate 5 is devoted to the mouth, salivary glands, throat, an internal aspect of the stomach, and the configuration and structure of the liver and its appendages. Several figures are introduced representing magnified views of sections of the parotid gland, liver, and of the follicles and villi of the mucous membrane of the stomach and intestines. Plate 6 is devoted to the pancreas and spleen, kidneys, bladder, and male organs of generation. Fig. 8 of this plate is particularly interesting, as it gives a view of a longitudinal section of a kidney magnified to the volume of one foot in its long diameter. Fig. 12 furnishes a very good view of the vascular arrangement of the body and glans of the penis, apparently from one of Mascagni's plates, contained in the *Prodroma della Grande Anatomie*; and in fig. 14, we have a magnified view, very well executed, exhibiting the intimate structure of the testicle and epididymis. We have particularized these subjects as possessing a considerable degree of merit. The whole plate is, however, well executed. The same is true to a certain extent of plate 7: in it are delineated a part of the male and female organs of generation. Fig. 1 gives a very good lateral view of the male pelvis and organs. But decidedly the most interesting part of the plate is that which has reference to the descent of the testicle in the fœtus. This is excellently represented in several figures, of which the 4, 5, 6, 7, and 8, are copied from the very able dissertation of Seiler, entitled *Observationes Nonnullæ de Testiculorum ex Abdomine in Scrotum descensu*, Lipz. 1817. Fig. 11 is from the very able work of Langenbeck, (*Commentarius de Struct. Peritonæi*, &c. Götting. 1817.) Tab. 8 represents the female organs of generation; and fig. 2 gives a good lateral section of the female pelvis and organs, which seems to be a modified copy of one of Rosenmüller's plates, (*Anatomisch Chirurgisch. Abbild.* 1811-18.) Plate 9, representing the organs of respiration and voice, possesses some merit, especially fig. 4, in which is exhibited the termination of the bronchial tubes, in the air-cells, according to the researches of Rieseissen. The value of the plate might, however, have been greatly enhanced by the author drawing freely upon the very able work of the individual just quoted, upon the structure of the lungs. We are not disposed, however, to find fault; on the contrary, we find much in Professor Münz's

plates to commend. It is true, they are coarse, and present no claims to be considered as specimens of elegance, but at the same time strict attention has been paid to accuracy, and much judgment has been displayed by the author, as well in his original designs, as in his selections from others. Even their coarseness will tend to increase the extent of their usefulness, since the author has so far acted up to his design, expressed at the outset, of furnishing the student with accurate delineations of the organization at a cheap rate, that his plates can be made, by that circumstance, to fall within the means of many who would be unable to possess themselves of the more elegant, and far more expensive works of Tiedemann, Cloquet, Mascagni, and others. It will moreover be seen, by referring to the various sources from whence the materials of Professor Münz's work have been drawn, that the student who possesses it, can very well dispense with others, as many of the plates have been copied from the works of the ablest authors, amongst whom we may mention Albinus, Haller, Walther, Caldani, Scarpa, Mascagni, Rosenmüller, Langenbeck, Seiler, and others.

Of the descriptive portion of the work comprised in the third volume, we have but little to say. It, in general, bears the stamp of merit, and our limits will not allow us to designate particularly its claims or defects. We will merely observe, that the author, with Chaussier, Ribes, Madame Boivin, and others, considers that the inner surface of the uterus is not supplied with any lining membrane, but that the mucous membrane is lost upon the neck of the organ. Our own researches have led us to adopt a different conclusion. At page 480, however, we find an important part of description, the correctness of which, though new, is confirmed by our own dissections. "The vocal cords, or ligaments of the glottis, consist of the tendon of a thin semipenniform muscle, which is situated on the outer side, and within the duplicature of the mucous membrane of the glottis, which forms the superior and inferior borders of the ventricles of the larynx, with which it is intimately connected." We have repeatedly dissected these muscular fibres, which are inserted obliquely into the vocal cords, and have, since the winter of 1827, demonstrated them in our lectures. They can be easily shown in a good muscular subject, merely by dissecting up the mucous membrane. These muscular fibres, no doubt, have some instrumentality in the production and modulation of the voice, and are certainly much better adapted to that office than simple passive ligaments, which have hitherto been considered as the principal instruments of that important function.

Not the least important part of the work before us is that which is devoted to the numerous physiological and pathological remarks with which it is interspersed. The description of each organ is, moreover, followed by a reference to the principal authors who have written upon the subject, thus furnishing a useful bibliography, by which those who may wish to extend their researches, may be enabled to refer at once to what has been already done.

We regret that the fourth volume is not yet published. It is, however, promised to be forthcoming with all possible despatch, and will, no doubt, when finished, be found like the volumes before us—well adapted for those for whom the work was especially intended. The fourth volume is to embrace the consideration of the brain and nervous system, to which the author has promised

to add an appendix, which is to supply what is deficient in the first volume on the bones and ligaments.

Having said thus much of the materials and execution of the work before us, it is needless we should enter into any further details. It will be seen, from the tenor of our observations, that we think well of it as a production calculated for the use of students, and we feel assured, that it cannot fail to afford them great advantages whilst engaged in anatomical pursuits. We are not one of those who believe that anatomy can be taught by means of engravings; yet, from the result of considerable experience, we feel ourselves authorized to believe that whilst the student is engaged in dissections, such delineations, by exhibiting to him general notions of the parts that are to be exposed by his knife, tend very much to assist him in the acquisition of anatomical knowledge. It is in this manner the work of Professor Münz should be used. It should be made the manual for the dissecting room, a purpose for which we think it well adapted. American students stand in much need of such a work, and he who shall supply a desideratum so important, will deserve well of his country. E. G.

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XXI. *Institutionum Medicinæ Practicæ, quas auditoribus suis prælegebat.* Jo. BAPT. BURSERIUS, de Kanifeld, Recudi curavit, Just. FRID. CAR. HECKER, Medicinæ, Utriusque Doctor, et Professor P. E. in Univers. Litter. Berolinensi, plurium Societatum Medicarum, et Litterar. Socialis. Vol. 4. Lipsiæ, 1826.

*The Institutes of the Practice of Medicine, of Jo. BAPT. BURSERIUS.* Edited by Professor HECKER, of Berlin, &c. 4 vols. Leipsic, 1826.

The Institutes of Burserius have been long known to the profession, and it is not on account of their novelty that we now announce them to our readers. It is probably generally known that the author was suddenly cut off in the midst of his brilliant career, at a time when only a part of the work in question had been made public. The remaining portion, the materials of which were left in a crude and unfinished condition, has long been a desideratum with those who admired the correctness of his principles, as they could not have been otherwise than captivated with the beauty, and even eloquence of his style, though conveyed through the medium of a dead language, and many attempts have been accordingly made to supply what has been so much wanted. Unfortunately, however, most of these attempts have failed, and it remained for Professor Hecker, a gentleman distinguished as well for his polite, as for his professional attainments, to bring to the execution of the task that ability and erudition which were necessary to ensure success. The edition of Burserius, which we have here announced, is the fruit of this enterprise, in which, we think, all will agree with us, that Professor Hecker has conferred an important benefit upon the profession.

The three first volumes, the first containing the consideration of fevers, the second that of the exanthemata, and the third the diseases of the head and neck, may be considered the result of the author's own labours, they having, for the most part, received the finishing touch of his own hands. The fourth, however, is posthumous, and has been drawn up by Professor Hecker, from the crude and unfinished notes of the author; "non enim elaboratas, absolu-

tasque continet prælectiones, uti fortasse sunt, quæ tribus prioribus continentur voluminibus, *sed rudes eas ac informes* quales nempe illi tum e calamo exciderunt, cum primum eas de die in diem festinanterque, in usus scholasticos exararet."

This fourth volume is devoted to the history and treatment of the diseases of the chest and abdomen, and although the materials of which it is composed, were found in the rude condition represented by Professor Hecker, we must do him the justice to say, that he has put them in a form to bear a very creditable comparison with those of the preceding volumes. It is needless we should say much of the work in question. To many of our readers it is doubtless already known. We will therefore merely observe, that it should be known to all; for although the opinions are often somewhat antiquated, the descriptions of disease are drawn up with much accuracy and clearness, and the practice inculcated is generally in accordance with correct and rational views.

E. G.

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**XXII. *Medico-Chirurgical Transactions.*** Published by the Medical and Chirurgical Society of London. Vol. XV. Pt. II. London, 1830. pp. 187. 8vo. Plates 4.

This Part of the 15th Volume contains only three memoirs. The first, by Dr. Hodgkin, is devoted to the description of the anatomical characters of a large and important class of structures, which, though often met with in various parts of the body, are foreign to it in its healthy or natural state. The first of these adventitious structures noticed by Dr. H. are the serous membranes occasionally found in various parts of the body, as the result of irregular or accidental production; they have been confounded by some pathologists with hydatids and other cysts, and hence much confusion has arisen.

The adventitious serous membranes, like those naturally existing in the body, form completely shut cavities. As far as we can ascertain, they are wholly, or at least with but few exceptions, the result of an entirely new formation dependent on some anomaly in the function of nutrition, but respecting the precise nature of which, we are completely in the dark. Dr. H. divides the serous cysts into two classes. The first comprising those which are simple, and for the most part solitary, but which, if accompanied by one or more similar membranes, owe this association to the accidental circumstance of the same cause which produced the one, having likewise operated in its neighbourhood, rather than to the sac possessing the remarkable property of giving origin to new growths having the same character as itself. Cysts of this class are formed in various parts of the body. Dr. H. has met with a thin and delicate serous cyst, about the size of a nut, perfectly circumscribed, and filled with transparent colourless serum, situated at the base of the brain, not far from the tractus opticus, in a female who had not been observed to present any cerebral symptom.

Clusters of them are found in the plexus choroides. These are manifestly vascular, and seldom exceed the size of small currants.

Simple serous cysts are occasionally formed in the eyelids; some are found along the edges of the tarsi, where they seldom acquire more than a moderate size, and their removal is effected with little or no difficulty. Those which are

situated more completely in the body of the eye, and which at times extend pretty deeply into the orbit, are more difficult in their treatment, and more serious in their consequences. Dr. H. saw a young woman in La Charité, under the care of Baron Boyer, who was affected with a cyst of this kind of nearly the size of a chestnut. From the depth to which it extended into the orbit, it was not thought expedient to attempt the total removal of the sac, but it was hoped that when the greater part had been removed, the remainder might be obliterated by adhesive inflammation; but instead of this result being obtained, a high degree of irritative fever carried off the patient in a few days.

Simple adventitious cysts sometimes occur in the lungs, according to Laennec. They are also found in the female mamma, and in the neighbourhood of the uterus, particularly in the folds of the broad ligament, or intimately connected with the ovaries, if not imbedded in their substance. Cysts of this last kind at times acquire a very large size, and constitute one of the forms of what is commonly called ovarian dropsy.

The second class of adventitious serous membranes, are those whose parietes present the very remarkable property of producing other cysts of a similar character with themselves, or morbid growths, which, if they do not present, strictly speaking, the character of cysts, are, nevertheless, referrible to the same type or mode of formation. Cysts of this class are also found in different parts of the body, but they are by far the most frequently met with, acquire the largest size, and present the greatest variety of appearances, in the neighbourhood of the uterus, but more especially in the ovaries and the folds of the broad ligaments.

In this class there is a principal cyst, on the internal surface of which are elevations more or less rounded, and of various sizes, projecting into the interior of the cavity, and covered by a membrane which is continuous with the lining of the principal sac. These tumours are cysts of a secondary order, containing sometimes a serous, at others a mucous secretion. On the internal surface of these secondary cysts, on minute examination, there may be seen a cluster of tertiary cysts, upon which are reflected the lining membrane of the cyst in which they are contained.

“The proportion which the contained cysts bear to the cavity of the membrane reflected over them is extremely various. Sometimes the fluid, especially when it is of a serous character, nearly fills the containing cyst, whilst the bunch of cysts is of very inconsiderable size. At other times, the superior cyst, is almost entirely filled by those of the inferior order; in which case we may generally find that the nodulous or tuberosc elevations, which we may have observed on the exterior of the containing cyst, are occasioned by the unequal development of the contained cysts; for those which have grown most rapidly, and have attained the largest size, forcibly dilating that part of the cyst which is reflected over them, produce a kind of hernia at that part. It sometimes happens, that the distension occasioned by the growth of the contained cysts is sufficient not only to disturb the even surface of the containing cyst, but actually to produce a rupture, which admits both of the escape of its fluid contents, and of the unrepressed growth of the secondary or tertiary cysts, which took their origin from its internal surface. The inferior cysts themselves are found to contain a serous or mucous secretion, and very often to produce another order of cysts, possessing the same character with themselves. It is certainly by no means surprising that these cysts of different orders, which sometimes present the appearance of delicate and pellucid sacs, filled with clear and colourless

serum, and possessed of the astonishing power of giving rise to an almost innumerable multitude of cysts presenting the same character with themselves, should at the first view have been confounded with true hydatids; but it is no less surprising, that a little careful inspection did not at once irrevocably remove the delusion."

The membranes of which these cysts, whether of the second or third order, are formed, are liable to inflammation. The product of this inflammation, like that of inflammation which takes place in the serous membranes naturally belonging to the body, may either be of the plastic or of the inorganizable kind. In the former case it leads to the formation of adhesions between the close portion of the membrane, or that which constitutes the contained cluster of cysts, and that portion which is reflected over them, forming the parietes of the containing cyst. It is the formation of these adhesions which so frequently renders it difficult to demonstrate the structure which has been described. When the product of inflammation is of the inorganizable kind, we find a secretion more or less puriform in its characters. This secretion is sometimes found confined in one or more of the secondary cysts. At other times it finds a way of escape into the interior of the principal cyst, and thus contributes to the variety in the appearance presented by the fluids drawn off in the operation of paracentesis for the relief of ovarian dropsy.

Dr. H. describes three varieties of these secondary cysts; the first has neither slender necks or broad bases; the second is characterized by slender peduncles. It has been stated, that

"At particular points on the internal surface of the superior cyst that the clusters of inferior cysts take their origin. It sometimes happens, that the number of cysts forming the cluster is so great, in proportion to the space which they occupy, that, like trees too thickly planted, they interfere with each other's growth. Their development is more or less limited to an increase of dimension in length. Yet as their free extremities are allowed to diverge, we sometimes find the slender peduncle gradually dilating into a pyriform cyst. At other times the dilatation does not take place till near the extremity of the peduncle, and then produces a cyst more nearly resembling a grape or currant. At other times no dilatation takes place, probably from the cavities having been wholly obliterated."

In the third variety the secondary cysts have a broad attachment and flattened form. The secondary cysts in this variety also are

"Collected in clusters on the parietes of the superior cyst, but they appear to produce a circumscribed and more or less considerable thickening of the parietes rather than a prominent tumour covered by a reflected membrane; they constitute, however, perfectly shut cavities, acquire at times a considerable size, contain in some instances a serous, and in others a mucous secretion, and produce in their parietes inferior orders of cysts, having like themselves broad bases and flattened forms. From the extent of their bases, the secondary cysts in this variety occupy proportionably a much larger space on the internal surface of the containing cyst, and by their development, although they increase its size, they seem more completely to encroach on its particular cavity. In cutting into a tumour composed of this form of cysts, we may find, it is true, several cavities of considerable size, but we shall probably not find the greater part of the fluid collected into one particular cavity. Hence, in this variety of ovarian dropsy, fluctuation is often obscure, and the relief afforded by paracentesis only partial and trifling."

Adventitious serous cysts, assuming the form of reflected membranes, are also met with in the testicle, female mamma, and in the eye.

Dr. H. next proceeds to the consideration of the different heterologue deposits, confounded by modern anatomists under the names of cancer, scirrhus, and carcinoma. Dr. H. endeavours to show that these formations by their structure, mode of development, and for the most part, by their influence on the system, are to be referred to one common type, and grouped into one family, yet that there are certain peculiarities which justify the division into at least three specific divisions. Their limits are, however, so ill defined, that it is difficult often to decide to which of the species a particular specimen should be referred; but in the best marked cases there is no difficulty of this kind.

The common points of resemblance in these tumours depends chiefly on structure. These tumours have a more or less rounded form—a section shows them to be more or less divided by septa, which affect sometimes a radiated form, and at others a cellular character; these differences, however, upon which much stress has been laid, Dr. H. thinks depends upon the direction in which the sections are made. This plan of examination is therefore objectionable, and still more so when the part is emersed in alcohol, by which the fluids are coagulated, and the transparent parts rendered opaque, and the most important characters thus destroyed.

"If we carefully dissect down to the surface of these tumours," says Dr. H. "we shall usually find that it has a capsule or covering, which has, I believe, generally been supposed to consist of the altered and condensed cellular membrane of the parts which have given way before the growth of the tumour. This idea is probably correct with respect to the unequally thick external part of the capsule; but if we dissect carefully, and examine those tumours in which the process of decay has either not commenced, or has made very little progress, we shall find that surface which is next to the mass of the tumour more or less smooth and even, and on raising it we find that it is reflected over one or more somewhat pyriform bodies, attached by a base, which is generally narrow and peduncular, to some part of the circumference of the enclosing capsule. Unless the tumour is very small, it is much more common to find several rather than a single body of this kind, and as there is often little, if any fluid intervening between them and the enclosing capsule, their form is somewhat modified by their mutual pressure. Sometimes, though more or less closely applied to each other, these pedunculated bodies are perfectly detached at their sides, and may, consequently, be readily traced to the point which forms the common origin of their peduncles. At other times these bodies are so adherent amongst themselves, and the membrane covering them is so tender and delicate, that without very great care the arrangement of their structure may be overlooked, in consequence of the pedunculated bodies being broken or torn through in a different direction from that to which their mode of formation would naturally dispose them." \* \* \*

"If we continue dissecting and raising the outer cyst, forming the reflected membrane which covers the radiating pedunculating bodies, we shall generally find, that on one or more sides it dips down deeply into the mass of the tumour, and forms a part of the septum which separates the one packet of pedunculated bodies from the others which generally concur to form the mass of the tumour; for it comparatively rarely happens that the tumour is composed of a single cyst filled with pedunculated bodies. On examining the different encysted packets of pedunculated bodies which compose the tumour, we shall often find some indication of their having taken their origin from nearly the same spot, which is generally the most indurated part of the tumour. We may

likewise observe, that the different secondary tumours, or encysted bundles of pedunculated bodies, are in very different stages of progress."

True scirrhus tumours are characterized by their hardness, which is in many instances equal to that of cartilage, but they want the uniform texture of this natural tissue, and in this respect bear a nearer resemblance to fibro-cartilages; hence, when divided by incision, they give rise to some noise, and are said "to cry under the scalpel." There is want of uniformity also in the colour of this structure.

"True scirrhus tumours appear sometimes to depend on a single primary tumour, at other times, several may be satisfactorily made out. That part of the tumour which appears to have been the common origin of the primary cysts, where there are more than one, or from which the contained pedunculated bodies radiate when there is only a single primary tumour, is in general the most indurated portion, and is, at the same time, the most indistinct in its structure. When examined externally, after the surrounding natural structures have been carefully dissected off, this part of the tumour is found to be the most irregular, has a somewhat corrugated appearance, and suggests the idea of its having been the sort of root by which the adventitious growth was implanted on the natural structures. The radiated appearance so strongly insisted on by most authors who have described scirrhus tumours, and the rationale of which I trust I have shown, is particularly conspicuous when the section passes through this point. The fluid part of a true scirrhus tumour bears in general a very small proportion to the rest of the structure, it has a viscid or mucous character, more especially where softening has not taken place; but where this process is going on, it assumes the character of an offensive ichorous discharge, and acrid and highly deleterious qualities have by some been ascribed to it.

"The process of softening sometimes commences internally at one point, at other times in several small isolated points; in others, again, the ulceration through the integuments is the first part of the process of decay.

"True scirrhus tumours, notwithstanding the length of time during which they continue to grow, very rarely acquire a considerable size. Indeed, it not unfrequently happens, that the wasting of the neighbouring structures, and more especially of the female mamma, which is by far the most frequent seat of true scirrhus, more than compensates for any increase of volume dependent on the new formation."

The tumours now under consideration, "in many instances remain for a length of time in an indolent state, without passing into a state of softening, or producing an external ulceration. Before this ulceration takes place, the tumour becomes adherent to the skin, and though there is generally but little redness observable in these tumours, a spot, most frequently of small extent, becomes of a bright and cherry-red or of a purple livid colour before the continuity of the integuments is destroyed. It is needless that I should again describe the characters of a malignant ulcer, which are in general very completely seen in the ulcerative stage of true scirrhus. It may, however, be said, that the ulceration of true scirrhus is attended with a more decided loss of substance than that of the next form of tumour of which I shall speak—viz. cerebriform cancer, and which is often attended with large, rapid, and irregular growth from the ulcerated surface, whence the names of fungoid disease, fungus medullaris, &c. have in all probability been derived. The ulceration of true scirrhus is indeed bounded by its elevated wall of circumvallation; but the central parts, gradually hollowed away by the softening of the very imperfectly organized structure, present a foul and deep chasm."

Sometimes one or more vessels give way and lead to a hæmorrhage, which in some instances is very profuse.

Dr. H. believes that sometimes, though very rarely, tumours possessing the true characters of scirrhus have been detached by the sloughing of the surrounding structure; and by being in this way completely thrown off from the system, the cavity which they occupied has been filled up with granulations, the surface cicatrized, and a permanent cure obtained.

Dr. H. next describes the scirrhous tubercles developed in the body of the uterus. These possess a well-defined rounded figure, a close and compact tissue, in which the structure, referrible to the same type as the cysts to which I have so often alluded, is tolerably distinct, on a much larger scale than that generally observable in true scirrhous tumours in other parts of the body. They rarely, if ever, present any cells or cavities. They acquire a much larger size than true scirrhous tumours in other parts of the system. They never, or at most very seldom, pass into the stage of softening or ulceration, and when formed in the uterus, without any other organ having exhibited a tendency to the production of scirrhus, the formation almost always continues wholly confined to this organ.

The next form of malignant disease described by Dr. H. is that to which the terms encephaloid tumours, cerebriform cancer, medullary sarcoma, spongoid inflammation, fungus hæmatodes, and fungoid disease have been applied. One of the most striking features which distinguish the fungoid disease from true scirrhus, is the rapidity of the development of the tumours in the former, which sometimes attain a prodigious size in even a few weeks. Scirrhus is also almost exclusively the disease of advanced life, whilst the

"Fungoid disease makes its appearance in individuals of every age; but its most formidable and extensive ravages are seen in the young. Whilst in true scirrhus the fluid matter forms a very inconsiderable and scarcely notable part of the structure, in the fungoid tumour it is frequently pretty abundant, presents a great variety in its characters, and is often collected in cavities of considerable size. In the scirrhous tumour, the peculiar mode of formation which I have pointed out must often be inferred by analogy, guided by faint and partial traces; but, in the fungoid disease, we meet with those unequivocal manifestations which almost speak for themselves. In true scirrhus the traces of vascularity are very faint; but in the fungoid disease the adventitious membranes possess a high and preternatural degree of vascularity. The vessels which we see ramifying in them, are not only numerous, but large." "These newly-formed vessels, though large and numerous, are extremely weak and tender, and derive little or no support from the structure through which they ramify, or by which they are surrounded; hence, they are liable to give way at numerous points, whence proceed those frequent and extensive hæmorrhages which so often characterize these tumours, and have led to the term of fungus hæmatodes, which has not inaptly been applied to many of them."

Sometimes the hæmorrhage from these vessels produces an effusion into the cavity of the membrane reflected over an inferior order of pedunculated cysts or bodies, and distends it into a cavity filled with blood—at other times the effused blood infiltrates the more solid parts of the tumour, and produces an appearance which Laennec has well compared to an apoplectic clot.

"The more solid parts of the tumour differ in a marked manner from that which composes the scirrhous tumour. In this disease, the secondary cysts, which are often of large size, generally become filled with a material which at first bears a considerable resemblance to tender or feebly coagulated fibrine or plastic lymph. Into this substance new vessels speedily shoot; but being neither

susceptible of perfect organization, nor calculated to remain inert and dormant, it speedily, but gradually, loses its vitality, and, like other transparent parts in which such a change is effected, gradually becomes opaque, and bears, in consistence and appearance, a close resemblance to the substance of the brain of a child: hence the terms, cerebriiform cancer, encephaloid tumour, and medullary sarcoma."

The characters of fungoid disease are of course modified by the tissues in which the tumours are developed. When it takes its origin in a part of the osseous system—

"Bony matter continued from the natural structure forms a striking part of the new growth, through which it often radiates from that part of the bone in or near which the disease commenced. The bone thus formed is of a loose and feeble texture, compared to that of healthy bone. It would appear that the deposit of bony matter only takes place in that part of the tumour which is subjected to the pressure of the periosteum, which is often greatly distended by the growth of the tumour. Its fibres become separated by this distention, the morbid growth advances through the opening and proceeds with increased rapidity, and soon loses all trace of bony deposit."

The consideration of melanosis Dr. H. postpones for a future memoir.

The second article is entitled "Observations on the Statement made by Dr. Douglass of Cheselden's Improved Lateral Operation of Lithotomy;" and is by John Yellowly, M. D. The object of this memoir is to correct some errors into which Dr. Douglass has fallen in relation to Cheselden's last mode of operating for the stone, and prove that the mode which received Cheselden's final and mature approbation, is that described in the fifth and sixth editions of his anatomy.

The third and last article is by Robert Lee, M. D. and is entitled "Pathological Researches on Inflammation of the Veins of the Uterus, with additional Observations on Phlegmasia Dolens." Uterine phlebitis is at present attracting considerable attention, and much information has within the last two years been developed in relation to it. As it is a subject of considerable interest, and one to which it would be impossible to do justice at the conclusion of a notice already too much extended, we shall postpone a consideration of it until our next number.

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XXIII. *Handbuch der Entbindungskunst*. Von Dr. FRIEDRICH BENJAMIN OSIANDER, Wieland Königl. Grossbrit. Hanov. Hofrath, und Professor der Medicin und Entbindungskunst, Director des K. Entbindungs Hospitals, Mitglied der K. Societät der Wissenschaften zu Göttingen, &c. Erster band. Zweite Vermehrte Auflage. Bearbeitet von Dr. JOHANN FRIEDRICH OSIANDER, Prof. der Medicin zu Göttingen, &c. mit dem Portrait des Verfassers. Tübingen, 1829.

*Manual of Midwifery*. By FRED. BENJ. OSIANDER, M. D. Second improved edition, edited by JOHN F. OSIANDER, M. D. Professor of Medicine at Göttingen, &c.

The name of Osiander has long been familiar to the medical world as that of one of the most distinguished accoucheurs of Europe. The first part of the work, which we now announce, was published as early as 1818—the se-

cond part, or volume, in 1820—the third volume in 1821, and the fourth, and last, which is posthumous, and which is edited by the author's son, Dr. John Fred. Oslander, in 1825. The first volume, therefore, announced above, is a new edition of the first part, which had become scarce. The whole, taken collectively, constitutes a very complete and able system of the obstetric art, and deserves to be attentively studied by every one who is devoted to the practice of that branch of the profession. We cannot enter into any analysis of the work, as such an undertaking would require more space than we can allot to the subject. Suffice it to say, that the whole of the topics, which appertain properly to the department of which it treats, are discussed with great ability, and that while the author furnishes us with the rich results of his own extensive experience, he treats the opinions of others with great candour, and with the true spirit of sound criticism. We can confidently recommend his work as a source from which a great fund of useful information may be derived.

E. G.

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XXIV. *A Treatise on Deformities; exhibiting a Consise view of the Nature and Treatment of the principal distortions and contractions of the limbs, joints, and spine. Illustrated with plates and wood cuts.* By LIONEL J. BEALE, Surgeon. London, 1830, pp. 248. Pl. 4.

Nothing more emphatically expresses the belief in the increasing frequency of distortions, especially of the spine, than the great number of works annually put forth on that subject. The apparently sudden augmentation of the number of such cases, has produced many essays, but these have of course not been usually by experienced men, especially of the English school. In France, where there exist several very large establishments for the management of distortions, we may naturally expect to find the most valuable memoirs on the philosophy and treatment of such diseases, and accordingly, in the works of Delpech and Lafond we perceive the evidence of a very enlarged experience: but both authors have been betrayed into a display and exclusiveness, little in character with high professional spirit, or accordant with sound and useful medical knowledge. Each sets out to make a point, but it is not for the art; it is for himself.

The only English author who has treated at large and with much science, of the difficult diseases of distortion, is Mr. John Shaw of London, whose premature death has left a chasm in this important subject, not likely to be as well filled. At an early age, having acquired the confidence of the vast metropolis, in which he resided, his opportunity of becoming familiar with this disease was almost unlimited. As demonstrator of anatomy in the excellent school in Windmill street, he was furnished with frequent views of the more immediate changes produced in deformed parts. With all these advantages, however, the style, arrangement, and tautology of Mr. Shaw's numerous works, deprive them of much of that value which their philosophy might otherwise claim for them. In general, the other English works on this subject, are usually proclamations of peculiar treatment, lauded, for private purposes, and setting forth a practice, which has, in no case met with the reception claimed for it; and, at this moment, the great English surgeons abandon this most important department

of the art to instrument makers, posture masters, and teachers of gymnastics and callisthenics. The concise treatise before us, written perspicuously, and professing to give a summary of the practice suggested by Delpech, Scarpa, Lafond, Shaw, and others of high authority, will, therefore, be found instructive and useful. It also treats of the distortions of the different parts of the body, and brings into one volume, the whole system of *Orthomorphia*. In the appendix, are figured various forms of distortion, and the instruments selected by Mr. Beale for their removal. Although he is favourable in spinal serpentine curvature to the now popular mixed treatment, by exercise and extension, he supports some positions which, at this time of day, grate a little on our intellectual organs.

"These and all other organic diseases," says our author, "are the result of some morbid action of the local arteries, or of the general circulation; and this leads us pretty near the old humoral pathology, which, like many other old notions, may, one of these days, come again into fashion," &c. p. 172.

He denies that stays are among the prominent causes of lateral incurvity; defends easy and lounging postures when not in action; recommends feather beds in preference to mattresses; and, after the manner of Delpech, confines his patients, when extended, to the horizontal posture.

An analysis of so concise and comprehensive a work is scarcely possible, and is the less necessary, since it contains so little that is peculiar. It is a work, however, which for these very reasons, will be found the more instructive and useful to the busy practitioner, who has little leisure for extensive references.

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XXV. *Mémoires sur l'Electro-Puncture, considérée comme moyen Nouveau de Traiter efficacement la Goutte, les Rheumatismes, et les Affections Nerveuses, et sur l'emploi du Moxa Japonais en France; Suivis d'un Traité de l'Acupuncture et du Moxa, principaux Moyens Curatifs chez les peuples de la Chine, de la Corée et du Japon; Ornés de figures Japonaises.* Par LE CHEVALIER SARLANDIERE, Docteur en Médecine, Membre de Plusieurs Académies et Sociétés Savantes. Oct. pp. 150. Pl. 2. A Paris, 1825.

Among the Chinese, Japanese, Coreans, and many other Orientalists, the operations of acupuncture and applying the moxa, constitute we are told, the primary agents, upon which all hopes of relief from pain and sickness are founded. We thus find by far the largest proportion of the inhabitants of the earth, putting their trust in remedies, which with us are regarded as insignificant by many, and by nearly all as of secondary importance. We cannot but admire the happy circumstance, which in this instance interposes to protect so many of the human family from the pernicious consequences which the employment of the more potent resources of our therapeia might occasion. That at least the largest portion of the human family, should thus be sheltered from the baneful consequences, which in other parts of the world so often attend on the injudicious and even wanton employment of bleedings, evacuations, and other heroics, affords a reflection that cannot but be grateful to the feelings of the philanthropist.

As much information relative to simple acupuncture has, within a few years, been circulated through the various medical periodicals, and as the sub-

ject of moxa is by no means a new one, we shall at this time, barely observe of both remedies, that in the publication under notice, M. Sarlandiere appears to have presented all the information relative to their uses and modes of application, which the practitioner desirous of resorting to them could desire for his guidance. We pass on therefore to the subject of electro-puncturation, which consists of the combined agencies of simple acupuncture and electricity. The disappointment which has so often been experienced by those who have resorted to the electric fluid as a means of relief in certain cases, he attributes to its having been employed on the surface only. According to his plan, however, the fluid is introduced directly through the skin into the affected muscular or fibrous tissue, to the point of saturation, when its action is as our author expresses it, to modify the vitality, and change the nature of the pain by putting an end to the irritation. It is evident that simple acupuncture, which supposes the electric fluid to be subtracted, must be precisely the reverse of electro-puncturation, where this fluid is introduced, but notwithstanding this difference in the two plans, we are informed that their operation is similar in effect, though not in degree; one method being much more energetic than the other. By some, it may appear as no small advantage of electro-puncturation, that it will have less incredulity to contend against, than the simple introduction of the needle. For this reason, we should suppose that were the inhabitants of the east capable of superadding the curious phenomena of electricity to their favourite operation, their characteristic superstition and love of the marvellous, would soon lead them to prefer, and embrace the practice of electro-puncturation.

The experiments of M. Sarlandiere, have led him to the following general conclusions. 1st. That the electric fluid may be introduced into the body in large quantity, without the production of shock or commotion, and yet not prove sufficient to perform a cure. 2d. That shocks applied to the cutaneous surface, by means of the Leyden vial or other means, may be transmitted through this tissue so as to be felt by the nervous chords, in which case electricity has been employed with success in the treatment of diseases, but the cures have always been effected very slowly. 3d. That the electric fluid, conducted into the interior, and brought into immediate contact with the nervous filaments of the tissues which are the seats of pain, occasions, at the instant of its discharge, a shock throughout the suffering organ. This shock, which dislodges the pain, and is felt in the most direct manner, is much more advantageously applied to the cure of gout, rheumatisms, and nervous affections, than those which are transmitted through the skin, and thus it may be easily conceived, that if some advantage is to be derived from the introduction of needles alone, much more might be expected when to acupuncture the good effects of electricity were conjoined. M. Sarlandiere denies the magnetic virtues which have been attributed to the needles, since if they exerted any agency of this kind, those of steel would certainly be preferable to those of gold and silver, which last are almost exclusively employed.

We have neither time nor space for a description of his modes of operating, or to notice half the diseases in which he resorts to electro-puncturation. A few of these will suffice to show his views of the modus operandi of the remedy. Among those which yield to it he mentions rheumatic and gouty at-

tacks, together with nervous affections when unattended by inflammatory symptoms. In these cases the disease is attacked in the bud, as it were, when its mode of existence is destroyed, and the condition of the nerves causing the pain altered. As in this operation the practitioner has in his hands an agent superior to, and able to controul the nervous action whatever may be its force, he may always be sure of attaining his end, namely, effecting a change in the morbid conditions of sensibility and action, provided always that there be no organic lesion or inflammation, the intensity of which last would be increased by the shocks administered. Electro-puncturation is therefore to be viewed as an active stimulant agent for the production of revulsion, acting mainly upon the principle in the old Hippocratic aphorism, which says, *duobus doloribus simul obortis, non in eodem loco, vehementior obscurat alterum.* G. E.

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XXVI. *Traité Élémentaire d'Anatomie, contenant les Preparations, l'Anatomie Descriptive et les Principales régions du corps humain.* Par A. BRIERRE DE BOISMONT, D. M. P. &c. &c. Avec des notes Extraites du cours de Ph. FRED. BLANDIN, Professor particulier d'Anatomie et de Médecine opératoire, &c. &c. Paris, 1827, pp. 800, 8vo.

This volume presents in an abridged manner, the several parts composing a body of anatomy; and also the peculiar opinions of Mr. Blandin on the development of the upper lip, the hymen, the descent of the testicle, the structure of the spleen, the arrangement of the valves of the deep-seated veins, and the distribution of the nerves of the larynx. In the first part, the art of making anatomical preparations is briefly related; the second part comprehends descriptive anatomy under its several divisions of osteology, syndesmology, myology; &c. and the third part treats of the anatomy of the regions. The plan of the work is after that of Maygrier's *Manual of Anatomy*, the text not being quite so laconic.